



HOW TO SELECT A NURSING HOME



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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Care Financing Administration
Health Standards and Quality Bureau
Office of Standards and Certification
Division of Long-Term Care
Baltimore, Maryland 21207



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The HEALTH CARE FINANCING ADMINISTRATION (HCFA) was established to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Professional Standards Review program and a variety of other health care quality assurance programs.

The mission of the Health Care Financing Administration is to promote the timely delivery of appropriate, quality health care to its beneficiaries—approximately 47 million of the nation's aged, disabled and poor. The Agency must also ensure that program beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that Agency policies and actions promote efficiency and quality within the total health care delivery system.

The Office of Standards and Certification of the Health Standards and Quality Bureau, HCFA, is responsible for the development, interpretation and implementation of health and safety standards and other related policies for providers and suppliers of health services under Medicare, Medicaid and other Federal programs.

This revised consumer publication describes what to look for in a nursing home, including the location, the physical facility, the program, the staff, financial considerations, etc. Originally published in 1976, this booklet has more current information and a new section added to discuss possible alternative arrangements to institutional placement. Suggestions for improving this booklet may be directed to Janice M. Caldwell, Dr. P.H. or project officer Rita K. Chow, Ed. D., Division of Long-Term Care, OSC, HSQB.

CONTENTS

FOREWORD	v
INTRODUCTION	vii
PART ONE: ASSESSMENT OF NEED: IS NURSING HOME CARE THE BEST ALTERNATIVE?	1
What Are Some of the Alternatives?	1
Where To Begin	4
PART TWO: SOME QUESTIONS ABOUT NURSING HOMES	5
What Is A Nursing Home?	5
What Kinds of Nursing Homes Are There?	5
Why Do People Live in Nursing Homes?	6
How Does Medicare and Medicaid Pertain to Nursing Homes	6
How are Nursing Homes Owned and Managed?	8
How are Nursing Homes Regulated?	8
What Do Nursing Homes Do For Patients?	9
Who Provides Care?	13
What Rights Do Patients Have?	14
PART THREE: CHOOSING A NURSING HOME	17
Planning Ahead	17
Consulting Others	18
Finding Out What Kind of Home Is Needed	18
Deciding on the Location	19
Locating Nursing Homes	19
Narrowing the Field	20
Visiting Nursing Homes	21
Meeting with Key Personnel	21
Checking with State Nursing Home Ombudsman	23
Touring the Home	23
Making Follow-up Observations	26
Checking Costs and Other Arrangements	27
Making the Decision	29
Making the Selection	29
Following up	30
What To Do When You Have A Complaint	30

PART FOUR: CHECKLIST	31
General Physical Considerations	32
Safety	33
Medical, Dental, and other Services	34
Pharmaceutical Services	34
Nursing Services	35
Food Services	35
Rehabilitation Therapy	36
Social Services and Patient Activities	36
Patients' Rooms	37
Other Areas of the Nursing Home	37
Financial and Related Matters	38
Appendix	39
Glossary	51

FOREWORD

How to Select a Nursing Home was originally published in 1976 as an integral part of the plan to communicate the results of the Department of Health, Education, and Welfare's (now Department of Health and Human Services) 1974 Long-Term Care Facility Improvement Study. As a result of the high demand for this booklet, we have condensed the information and updated it to make it useful to consumers in order to facilitate their choice when institutionalization becomes necessary.

The spirit that animated the Long-Term Care Facility Improvement Campaign continues and motivated the Division of Long-Term Care to revise this publication. We trust it will serve as a reference and checklist for the potential nursing home resident or patient and his or her family. The glossary at the end of the brochure containing terms used in the long-term care field that may help the patient and the family to be better informed, especially when they are participating in patient care planning.

Helen L. Smits, M.D.
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and Quality Bureau, Department of
Health and Human Services

INTRODUCTION

The family of an individual who needs long-term institutional care is often bewildered by the task of selecting the most appropriate nursing home for the person's needs. This is understandable. Moreover, the task of finding a nursing home that provides the required services in a desirable atmosphere is not easy.

To do the job right, you must be prepared for the time-consuming effort of gathering the many facts needed to help you in the decision-making process. But finding the right facility is all-important to your loved one's well-being. The facility selected will be the person's home and community for the duration of his or her stay—often for the remainder of the person's life.

Before considering placement in a nursing home, you should explore the possibility of using alternative services or programs that permit the older person to receive the needed services in his own home or in a community setting. An increasing number and variety of community-based health and supportive services and specialized living arrangements are being created in communities throughout the nation. For some persons, an alternative to institutional care may serve as an effective holding action that will prevent or delay the need for nursing home care. For others, however, this is not possible; for these persons, nothing can substitute for a good nursing home.

This booklet is intended to serve as a guide for those who are faced with the task of selecting a nursing home.

- Part One briefly reviews the various alternatives to institutional care that might be used if 24-hour care in an institutional setting is not actually required.
- Part Two contains background information that answers basic questions about nursing homes and helps you to understand what you see and hear when you visit them.
- Part Three presents a step-by-step process for selecting a nursing home.
- Part Four provides a checklist to help you in making your decision on selection of a nursing home.



PART ONE

Assessment Of Need: Is Nursing Home Care The Best Alternative?

When a person can no longer live independently, a decision must be made about the best alternative arrangement for care. Such a decision often must be made during a time of crisis—frequently when the patient is ready to leave the hospital after a serious illness or operation.

Changed care needs may arise because of many reasons. A person has a stroke and can no longer remain at home alone. Frequent falls cause broken bones, and the individual needs a more protective setting. Increased forgetfulness or a heart condition poses a potentially serious threat to the well-being of the individual and necessitates increased health supervision.

When an individual needs 24-hour care and supervision, a nursing home is probably the best answer. However, when a less intensive and less restrictive form of care will suffice, a mix of services and/or programs popularly called “alternatives to institutional care” may be more appropriate.

The first step is to find out—with the help of various experts—what level of care is actually needed, and then to determine what combination of services is required to meet this need. This is done through an assessment of needs: by the doctor to determine the medical needs; by the nurse to determine health and nursing needs; by the social worker to determine social needs; and by other experts such as the therapists (speech, physical, occupational) to determine any special needs. On the basis of these findings, a care plan is developed. The next step is to match the recommendations for care with appropriate services and programs in the community.

WHAT ARE SOME OF THE ALTERNATIVES?

While communities throughout the nation have made much progress in developing many different kinds of alternatives, not all

of these services and programs are available in each community. So it is important to find out about what resources are available in your own community.

Descriptions of some of the alternatives that you might consider are:

Home Health Care covers a broad range of services that are brought to a person in his or her own home. It includes such services as:

- part-time skilled nursing care
- part-time services of home health aide and homemakers (made necessary by a patient's poor health)
- occupational therapy
- physical therapy
- speech therapy
- nutrition counseling
- some medical supplies and equipment

Home Health Aide Services are provided under the supervision of a professional therapist (who also assesses the person's needs and plans for the service to be provided).

A homemaker-home health aide carries out such tasks as assistance with bathing and dressing, meal preparation, light cleaning and laundry.

Chore Services include yard maintenance, snow shoveling and heavy cleaning, either alone or in combination with homemaker-home health aide services.

Home-Delivered Meals provide nutritious meals delivered to a person in his or her own home, if for some reason the person is unable to prepare meals. One or two meals a day may be provided. Most programs provide five meals a week, a few also provide meals on weekends.

Congregate (Group) Dining is where a nutritious noon meal is served to older persons at such sites as senior centers or schools. Participation in these programs affords the opportunity for social interaction and for planned social activities which may be offered by some of these programs before or after the meal. Many programs provide transportation.

Adult Day Health Care means an organized day program of therapeutic, social and health activities. Services are provided to adults with functional impairments, either physical or mental, for

the purpose of restoring or maintaining the greatest capacity for self-care. Provided on a short-term basis, adult day health care serves as a transition from a health facility or home health program to personal independence. Provided on a long-term basis, it serves as an alternative to institutionalization in a nursing home in two ways: 1) when 24-hour skilled nursing care is not medically necessary; or 2) when institutionalization is viewed as undesirable by the individual or by his or her family.

Some Adult Day Care programs are primarily social in nature. Many of these programs provide some health supervision, establish linkages with community health facilities, or provide transportation to needed health services.

Transportation and Escort Services are provided through volunteer driver programs or special mini-bus services for elderly or handicapped persons who do not have private transportation or who are unable to use public transportation. Physical assistance is also provided to persons needing help in shopping, going to medical appointments, or for other activities.

Telephone Reassurance programs provide a daily contact for persons who live alone and who are anxious about their safety or security or have chronic health problems. Usually, the client calls a central switchboard at an agreed-upon time during the day. If no one answers a call placed to the home, the neighbors or the police are alerted to check on the person.

Friendly Visiting insures friendly contact made to persons who are isolated or homebound and do not have regular contact with relatives or neighbors. These visits are usually provided on a regular basis by volunteers from church groups or social agencies.

Protective Services provide legal and financial services and/or conservatorship (a type of guardianship) to mentally confused persons, and to others who are unable to manage their own affairs or protect themselves from injury or exploitation.

Elderly Foster Care is where a family or individual(s) share their home with an older person who is unable to live alone, usually due to a medical problem. Some states have programs which pay the foster family for giving care to an older person.

Congregate Living represents a shared living arrangement for several persons who can not live totally independently, but are able to live in a group, relying on the strengths each person can contribute to such tasks as cleaning, cooking and shopping.

Sometimes, through pooling of funds, the group can afford to purchase housekeeping and cooking services that they could not afford if living in separate quarters.

Special Housing Arrangements are available in many communities for older or handicapped people. Many of these programs are for low and moderate income persons; some programs offer a variety of social and health-supportive services to the residents.

Hospice is a service, usually by a facility or at home, that provides supportive care for terminally ill patients (usually cancer victims) and their families, using an individualized plan of care approved by the family physician, especially to control and relieve pain. As needed, other kinds of home care are integrated into this service that is available on a 7 day a week, 24-hour basis.

Information and Referral services are designed to help the individual find where to obtain any of the needed services.

WHERE TO BEGIN

First, it is important to know about the facilities, programs, and services available in your community. You can be helped in this task by discussing the problem with the social services office of the community public welfare agency, the social worker in the hospital (if that is where the patient is at the time), or a social worker in any philanthropic or church-related social agency in your community. If there is a Information and Referral Service available in your community, this group can be of enormous help in providing guidance. The State Welfare Office (listed in the Appendix) can help you find your local welfare agency. Or you can contact your Area Agency on Aging for guidance. (The State Office on Aging, listed in the Appendix, can tell you where it is and give you the telephone number.)

Whenever possible, the assessment and planning process should involve all who are concerned—the individuals, the family, the physician, the social worker, and the clergyman.

As was mentioned earlier, many different types of care are now available to give you many more choices when long-term care problems arise. For some persons, however, nursing home care is the only answer to meet their needs. In those cases, the challenge is to find the most suitable nursing home for the individual and the family.

PART TWO

Answers To Some Questions About Nursing Homes

WHAT IS A NURSING HOME?

In this guide, we use the term to mean a patient care facility that primarily provides nursing, medical, and rehabilitation care, but also furnishes residential and personal services as well.

Residential and personal services. These are the most basic services, ones that you would expect of most facilities for elderly people.

Residential care means providing a pleasant, healthful place to live—a comfortable room, nutritious meals, clean laundry, the services of a barber and beautician, and the companionship of others.

Personal care involves helping patients with such everyday tasks as dressing, bathing, toileting, eating and walking. It also includes certain kinds of supervision, such as helping patients to get to scheduled activities and therapy sessions, and helping them to follow prescribed programs of special diets and exercises.

WHAT KINDS OF NURSING HOME ARE THERE?

All facilities that can properly be called “nursing homes” do not offer the same level of care. Some homes specialize in personal care, while others specialize in health or nursing care. Others take care of residents with all kinds of needs—from help with eating to posthospital medical care. This situation became more clearly defined with the passage of Medicare and Medicaid legislation in the 1960’s. These government programs established two categories of nursing homes (or long-term care facilities) according to the services they give:

A skilled nursing facility (SNF) is a nursing home that has been certified as meeting Federal standards within the meaning of the Social Security Act. It provides the level of

care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

An *intermediate care facility* (ICF) is also certified and meets Federal standards and provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes are certified to participate in both the Federal Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

WHY DO PEOPLE LIVE IN NURSING HOMES?

Many patients in nursing homes are old. Some are feeble and unable to take care of themselves and live safely on their own. Other patients, regardless of age, suffer from chronic illnesses and need some medical attention, but do not require hospital care. Still other patients have been transferred to the nursing home from a hospital to convalesce after a serious illness, accident or operation.

In recent years, nursing homes have received an increasing number of patients under the age of 65. Some of them are mentally retarded or have other developmental disabilities. Many of these younger persons as well as others have come to nursing homes from State mental hospitals. There are also a large number who are disabled war veterans or have permanent disabilities as the result of auto accidents or other trauma.

Some nursing home residents have no families. In other cases, the families are not able to supply the kind of care the individual needs—there may be no one home during the day, or the care needed may be too specialized or too expensive to provide at home. In still other cases, families may decide that keeping the person at home would upset family life too much.

HOW DO MEDICARE AND MEDICAID PERTAIN TO NURSING HOMES?

Created in 1965, these government programs are designed to help meet the health care needs and to help pay the bills of peo-

ple over age 65 and the poor. Both programs include coverage for nursing home care. (It should be noted, however, that Medicare does not pay for care in an intermediate care facility.)

Medicare is a Federal program of hospital and medical insurance that applies to people over the age of 65, and also covers persons of all ages who have been disabled for at least two years or who have certain chronic renal disorders. It pays some of the cost of care in a skilled nursing facility. It covers a "spell of illness" of up to 100 days of care, but only after a stay of at least three days in a hospital. If care is needed beyond 100 days, the cost of care may be paid by Medicaid if the patient is eligible for such coverage. It is important to know that Medicare will not pay for care in a skilled nursing home unless the patient needs skilled nursing care or skilled rehabilitation services on a daily basis. Medicare cannot pay for care in an intermediate care facility, or for care in a skilled nursing home if the care needed is mainly custodial.

Care is considered custodial when it is primarily for the purpose of meeting personal needs and could be provided by persons without professional skills or training: Helping with such everyday tasks as walking, getting in and out of bed, bathing, dressing, eating, and taking medicine are considered custodial care.

Medicaid helps provide medical services to people with little or no income. The program is operated by the individual States (except for Arizona), although the Federal government provides up to 75 percent of the funds. Medicaid pays for care in both skilled nursing facilities and intermediate care facilities in all States (except Arizona); care in ICFs for the mentally retarded, is provided in most States. Since January 1, 1973, people who are medically needy share the cost of service they receive under Medicaid by paying a nominal enrollment fee or premium, based on the amount of the individual's income.

Medicare provisions change often, and Medicaid programs vary from State to State. For up-to-date information in your State, contact the local Social Security Office (for Medicare) or your State of local welfare office (for Medicaid). (Note: The telephone number for your local Social Security Office can be found in your telephone directory under U.S. Government. Addresses of the State welfare offices are listed in the Appendix.)

HOW ARE NURSING HOMES OWNED AND MANAGED?

Some nursing homes are nonprofit institutions. They are sponsored by religious, charitable, fraternal and other groups or run by government agencies at the Federal, State or local levels. But most homes are private businesses, operated for profit. They may be owned by individuals or corporations. Sometimes they are part of a chain of nursing homes.

Final responsibility for the operation of a nursing home lies with its *governing body*. The governing body may be called the "board of directors" or "trustees," or they may be the owners of a proprietary facility. However they are constituted, they are the legal entity responsible for the home. The governing body meets periodically to set policies and to adopt and enforce rules and regulations for the health care and safety of patients.

The person in charge of the day to day management of a nursing home is called the *administrator*, and is appointed by the governing body. State licensing of the nursing home administrator is required.

HOW ARE NURSING HOMES REGULATED?

Nursing homes are required to meet standards set by State or local laws and regulations, and have a State license or letter of approval for a licensing agency to operate. *Participation by the nursing home in the Medicare and/or Medicaid programs is strictly on a voluntary basis.* Some nursing homes may choose to participate in only one program, and so are certified for that kind of program (Medicare or Medicaid); other nursing homes are certified for both Medicare and Medicaid. Payment for care in a nursing home by Medicare and Medicaid programs can be made only for care provided in certified facilities.

Nursing homes that are certified to take part in Medicare and Medicaid are required to meet standards set by Federal regulations. These standards are developed by the Bureau of Health Standards and Quality of the Health Care Financing Administration (HCFA), U.S. Department of Health and Human Services (DHHS).

HCFA is the agency responsible for continuing the Department's initiatives started in 1974 to improve the quality of care in long-term care facilities. As a part of this goal, a guide to patient care management has been developed which uses an integrated approach to patient care, and includes formal assessment of each patient's needs, a plan of care to meet those needs, and periodic evaluation of the outcomes of care.

State agency or public health department surveyors evaluate homes periodically to make sure they meet health, safety, staffing and environmental standards, and that they are providing care that is consistent with the patient care management requirements.

WHAT DO NURSING HOMES DO FOR RESIDENTS

There is nothing about a nursing home that is more important than resident care. A home may be clean and well-equipped, but this means very little unless it also has a well-rounded program of good quality services for residents.

The goal of resident care in a nursing home is to provide care and treatment designed to restore and/or maintain the resident's highest level of physical and mental health.

Often nursing homes make arrangements with outside people to furnish certain services, such as rehabilitation therapy and consultation for dietary, social, activities and pharmaceutical needs.

The following pages describe some important aspects of care. (Additional points are covered in the checklist in Part Four.) Some of these points reflect Federal regulations for facilities participating in the Medicare and Medicaid programs. Others are simply good nursing home practices.

Food services. Residents should have meals that are nourishing, well-balanced, and appetizing. These meals should meet the daily nutritional needs of individual patients and should be properly scheduled. Residents should be offered nutritious snacks between meals and at bedtime. Some residents require special diets prescribed by their physicians. The facility should be able to provide such prescribed diets. Most often, food preparation takes place in the nursing home; in some cases, however, the nursing home makes arrangements with an outside company to provide food services. When you visit a nursing home, you will probably have a chance to meet the *food service supervisor* who is the person in charge of menu planning and food preparation. The kitchen staff should be large enough to prepare meals promptly and efficiently and under safe sanitary conditions. Hot foods should be served hot and cold foods cold.

Nursing services. In many ways, nursing care is what nursing homes are all about. Nursing personnel keep residents clean and comfortable, administer drugs, apply dressings and take steps to prevent pressure sores. They provide treatment to patients suffering from such problems as strokes, heart disease, and orthopedic illnesses who have been transferred from hospitals.

When you visit a nursing home, you will see several kinds of people on the nursing staff:

A *registered nurse* (RN) is a licensed nurse, usually having completed basic preparation in a diploma, associate degree, or baccalaureate degree program in an accredited school of nursing that requires two to four years of study. RNs supervise nursing services, carry out various administrative duties, and, as required to meet patient's needs, they are able to give highly skilled nursing care.

A *nurse practitioner* is an RN with additional knowledge and skill gained through an organized nurse practitioner program of study and supervised practitioner experience. It is significant that after successfully completing graduate programs of study, an increasing number of professional nurses are awarded masters and doctoral degrees, and are thus prepared to assume broad nurse leadership and nursing care responsibilities.

A *licensed practical nurse* (LPN) usually has had at least one year of specialized training. Generally, LPNs do the less complex nursing jobs, with emphasis on bedside care. In California and Texas, an LPN is called a *licensed vocational nurse* (LVN).

Nurses' aides and *orderlies* work under the supervision of RNs and LPNs. They help residents get out of bed and get dressed in the morning, bathe them, make their beds, clean their rooms, bring their meals and feed them, and carry out similar kinds of personal care and housekeeping duties. Training of aides and orderlies is usually given by the nursing home.

Federal Regulations have very specific requirements for the nursing staff in nursing homes. These are covered in the checklist (Part Four.)

Physician services. Every resident in a nursing home must be under the care of a physician. A key role is played by the attending physician. He or she is responsible for the medical care of the individual patient—making the examination and diagnosis and prescribing the needed treatment, diet, drugs, and rehabilitation program. For the most part, the attending physician is the resident's own personal physician. In some cases, however, attending physicians are provided by the nursing home.

Federal regulations require that a skilled nursing facility must have a physician on its staff at least part-time to serve as medical

director. The major functions of the medical director are: 1) coordinate all medical care for residents, 2) keep the quality of care under constant close watch, and 3) check on the health of the home's employees.

Federal regulations also set guidelines for visits by physicians. A resident must be given a physical examination just before or at the time he or she is admitted to the nursing home. Periodic follow-up visits should be made by the attending physician for continuous health management. In addition, good nursing homes bring in specialists to make regular checkups of residents' teeth, eyes, and feet. This is particularly important in care of the elderly.

Pharmaceutical services. Pharmaceutical services must be under the general supervision of a qualified pharmacist. A pharmacist reviews each resident's drug regimen regularly, and works with the physician and other facility staff to assure that each resident receives the right drug at the right time in the prescribed manner. Drugs are given to residents by qualified personnel, e.g., registered nurses, licensed practical nurses, or trained medication aides (under the supervision of a nurse).

Rehabilitation therapy typifies modern thinking about nursing home care. The principal aim is to help residents regain capabilities they have lost, allowing them to get along on their own as much as possible. Experience has shown that even the very elderly are often capable of great improvements.

Under Federal regulations, a nursing home may accept residents who are in need of specialized rehabilitation services only if it can provide or arrange for these special services.

Most nursing homes offer three types of rehabilitation therapy: *physical therapy*, *occupational therapy* and *speech/language pathology therapy*.

Physical Therapy. As a result of illness or injury, some people need help to regain lost abilities in body functioning. Physical therapists and their aides—using exercises, massages, and special training equipment—help residents to improve their abilities to sit, turn, stand, and walk or to carry on such everyday activities as eating, dressing and bathing. They also teach residents to use wheelchairs, braces, and artificial limbs.

When you visit a nursing home, you will probably see a special physical therapy room equipped with exercise equipment, whirlpool baths, and the like.

Occupational Therapy. Occupational therapists work to develop occupational and recreational skills by involving residents in a variety of craft activities. These activities stimulate their interest and provide patients with a sense of satisfaction by accomplishing projects and by giving them practice in making precise movements of the hands and arms.

In large nursing homes, occupational therapy is usually carried on in a special room supplied with craft materials and equipment. In smaller homes, the dining room may double as an occupational therapy room.

Speech/Language pathology therapy. A speech/language pathologist helps residents overcome speech and language difficulties such as those due to stroke, hearing loss, or neuromuscular disorders. Speech/language therapy may be carried on in residents' rooms or in other areas of the home.

Social Services. Residents in nursing homes may have emotional concerns or problems and social adjustment difficulties. Sometimes these stem from entering the home itself: residents are separated from familiar people and places, their customary living patterns are disrupted, they are fearful of change and they become depressed. Sometimes the difficulties are connected with growing old, and feeling unwanted.

In recent years, we have come to realize more and more that nursing homes must deal with the whole person—not just with medical and physical needs, but with emotional and social ones as well. Nursing homes may not be required to offer social services themselves, but they are required to determine the social and emotional needs of the resident. If they do not provide these services to meet these needs, they must be able to refer residents and their families to outside agencies for assistance. If a home does provide social services, the person in charge is called the *director of social services*.

A good social service director tries to prepare people before they enter the home and help them adjust once they arrive. He or she counsels residents and their families, referring them to outside agencies for financial or legal help when necessary. When the time comes for residents to leave the nursing home, the director helps them and their families plan for the transition.

Reality Orientation: "Reality orientation" is a program which helps patients stay in contact with the real world by keeping them aware of the day and time of year, weather, holidays, activities in the home, and major news events.

Patient activities. A suitable program of recreational activities in a nursing home is an important part of total care. Interesting and varied activities, supervised by a qualified activities coordinator, can do much to relieve the monotony of life and keep residents mentally alert, actively involved, and socially in contact.

Activities programs vary widely from one nursing home to another. Some homes have very limited programs. Others, particularly those with many active patients, have large and elaborate programs.

A well-rounded program may include individual activities (such as arts and crafts, reading, and letter writing), group activities (card games, billiards, exercise classes, drama and choral groups), noisy activities (rhythm bands, sing-alongs), highly social activities (dances, parties, birthday and holiday celebrations), outdoor activities (gardening classes, nature walks), and opportunities to get away from the home for a time (such as trips to parks, theaters, concerts, and museums).

Some nursing homes have book and record collections, movies, and discussion groups. Sometimes people from the community, such as librarians and theatrical groups, bring their services to the home. Some homes have a Resident Council which helps plan and carry on the activities program. A rich activities program is one of the hallmarks of a good nursing home, and you should inquire about it in any home you visit.

Volunteer program. A well-organized volunteer program can be a tremendous asset to a nursing home. Working and visiting with residents, community volunteers can help stretch a limited staff, increase the number of activities, and provide much needed contact with the outside world.

Religious observances. Many older people like to attend religious services and talk with clergymen. Nursing homes should provide opportunities to do so, whether in the home or at a nearby place of worship. Some homes have a chaplain and provide a chapel that is open for private meditation.

WHO PROVIDES CARE?

In a nursing home, each member of the staff plays a vital role in assuring that the resident receives a certain quality of care and services. The staff consists of administrative, professional, and non-professional personnel. The administrative staff is responsible for assuring that the facility operates effectively. Qualified health professionals, such as nurses, physicians, and dietitians,

are responsible for assessing the needs of each resident and providing the necessary care. Professional staff are available to meet the medical, social, and emotional needs of each resident. The nonprofessional staff includes the aides and orderlies. These employees deliver many of the daily services directly to the residents in nursing homes.

Physicians, nurses, and other health personnel need to be attracted to providing long-term care in nursing homes. Today, education programs for health professionals frequently include both theory and practice in geriatrics and/or gerontology. These individuals will enter practice as better prepared and interested personnel.

WHAT RIGHTS DO PATIENTS HAVE?

Under Federal regulations, nursing homes must have written policies covering the rights of residents. They are required to make these policies available to residents and to the public. A kind of "bill of rights," the policies ensure that each resident admitted to the facility:

1. is fully informed, as evidenced by the resident's written acknowledgment of these rights and of all rules and regulations governing the exercise of these rights;
2. is fully informed, of services available in the facility and of related charges including any charges for services not covered under Medicare or Medicaid, or not covered by the facility's basic daily rate;
3. is fully informed, of his medical condition unless the physician notes in the medical record that it is not in the patient's interest to be told, and is afforded the opportunity to participate in the planning of his medical treatment and to refuse to participate in experimental research;
4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, and is given reasonable advance notice to ensure orderly transfer or discharge;
5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a free citizen. To this end he may voice grievances and recommend changes in policies and services to facility staff and/or to outside representatives of his choice without fear of coercion, discrimination, or reprisal;

6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf if the facility accepts the responsibility to safeguard his funds for him;
7. is free from mental and physical abuse, and free from chemical and physical restraints except as authorized in writing by a physician for a specified and limited period of time, or when necessary to protect the patient from injury to himself or to others;
8. is assured confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility;
9. is treated with consideration , respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs;
10. is not required to perform services for the facility that are not included for therapeutic purposes in this plan of care;
11. may associate and communicate privately with persons of his choice, and send and receive his personal mail unopened;
12. may meet with, and participate in activities of social, religious, and community groups at his discretion;
13. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other patients, or constitute a hazard to safety;
14. is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room.



PART THREE

Choosing A Nursing Home

PLANNING AHEAD. If you think you will need a nursing home at some time in the foreseeable future—for yourself or for an aging relative—it will pay to plan ahead. Many of the good nursing homes have long waiting lists, and chances of getting placement in the home of your choice may be greatly enhanced if placement is made on the waiting list prior to the actual time of need. Also this will give the prospective patient time to get mentally adjusted to the idea of the change.

Unfortunately, the choice of a nursing home is often made in a crisis atmosphere, when time is short and minds are troubled. But selecting a home is an important decision—one that deserves foresight and careful, clear-headed consideration.

Here are some things you can do in advance:

- Make a point of learning about nursing homes. In addition to reading this booklet, watch for articles in newspapers and magazines and for television programs that deal with nursing homes. Also, pick up brochures on the subject from social service agencies or your local health department.

- Find out what nursing homes are located in your community, and learn what you can about them. If you have friends or relatives who are familiar with the homes, ask for their opinions of them. If you know people who live in nursing homes, pay them a visit and gather some firsthand impressions.



- Discuss the matter with the prospective patient, and find out his or her preferences.
- Think about ways of financing nursing home care. Find out whether the elderly person is likely to be eligible for Medicare or Medicaid or whether he or she has personal health insurance or a pension plan that covers nursing home costs. If not, begin planning other means of financing.

CONSULTING OTHERS. When the times comes to find a nursing home, other people can help. Consulting with the elderly person's physician is essential. Other physicians, social workers, clergymen, and friends or relatives who have placed someone in a nursing home can all offer valuable advice.

The person who will be entering the home should not be overlooked. If he or she is mentally alert, the person deserves to have his or her wishes considered and should be involved in the process of selecting the home every step of the way.

FINDING OUT WHAT KIND OF HOME IS NEEDED. The crucial question is: What kind of care does the elderly person need? Some may only require a safe and comfortable place to live, among pleasant companions. Some may want a home that places special emphasis on ethnic factors, such as special food or foreign languages; for some, there may be a preference for similarity in religious background. Others may need some help with grooming and occasional medical treatment. Still others may need constant medical attention, therapy, and other hospital-related care.

As discussed in the preceding section, different kinds of nursing homes provide different levels of care. The key is to match the home to the patient—to ensure the patient is in a home that provides the kind of care and services needed.

How can you find out what kind of care the person needs? The best source of guidance is his or her personal physician. When you talk to the physician, find out precisely whether an intermediate care facility or a skilled nursing facility can provide the level of care needed. Also ask about any special services or treatments that should be provided by the facility for the patient. (See p. 9).

DECIDING ON THE LOCATION. In addition to finding out what *kind* of nursing home is needed, you should decide on a general location. In thinking about location, keep in mind that the most important goal is to provide the elderly person with the kind of care that is needed. Here are some points to consider:



- The location should be agreeable to the elderly person. For example, some people may prefer the restfulness of country surroundings, while others may prefer the stimulation of city life and being near community services such as those available from churches or community centers.

- The home should be convenient for the person's family and friends. Having to make a

long trip may discourage people who would otherwise visit often.

- The home should be reasonably close to a hospital offering emergency service. In the event of an emergency, reaching a hospital quickly may be crucial.

- If the available homes in the local area cannot meet the patient's needs, you probably should go further away to get it.

LOCATING NURSING HOMES. The next step is to find out which nursing homes are available in the area you have in mind. Go over the list with your physician to ascertain which nursing homes he would recommend.

Some communities now have citizen groups which visit nursing homes, compile directories of homes, make digests of survey reports, and in general, try to protect the consumer's interests. If there is such a group near you, it should be consulted.

Many agencies and organizations keep lists of homes in order to make referrals to the public. (Usually, however, they do not make specific recommendations.) These are some places you might contact:

- Local or State health department
- Hospital, Social Services Department

- Provider associations, i.e., State Health Care Nursing Home Associations, Association of Homes for Aging, etc.
- Local Office of the Social Security Administration
- Local Welfare Department
- Church groups
- Yellow pages of your telephone directory

In addition, you can often talk to individuals who are acquainted with the nursing homes in a given area—people like physicians, clergymen, relatives, and friends.

Make a list of the homes mentioned to you. Do not worry if the list is long; the more choices you have, the better your chances are of making a good selection.

NARROWING THE FIELD. You do not need to visit all the nursing homes on your list. Some can be eliminated simply by making telephone calls to the homes.

Here are some things to ask about:

Does the home provide the kind of care the elderly person needs? Is the home of the kind specified by the physician—a skilled nursing facility, intermediate care facility, or whatever? Does the home supply the special services or programs the physician considers necessary?

Is the home approved for participation in the Medicare or Medicaid programs? If you will depend on financing through one of these programs, then obviously this is an important question. But even if you plan to pay your own bills, the fact



that a home meets Federal as well as State standards should be a point in its favor. *Does the home have an opening? If not, what is the likely waiting period?* Many homes have waiting lists. Some put people on the list according to the date they apply. Others consider the elderly person's condition and the family's need to place the person in a home, and assign a position on the list accordingly.

What are the home's admission qualifications? Nursing homes vary widely in this respect. Some require that pa-

tients be able to care for themselves to a certain extent. Some admit only patients who have been residents of the State. Some require proof or assurance in writing that you will be able to pay the bills. Some will not accept patients with serious mental disorders. Be wary of any nursing home representatives who insists that the patient sign over his personal and real property in exchange for care.

Getting recommendations. In addition to telephoning the nursing homes, try to find as many people as you can who are familiar with the homes on your list. Ask them which homes they do and do not recommend.

VISITING NURSING HOMES. By telephoning homes and getting people's opinions, you should be able to narrow the list. Now plan to visit each of them.

It is important to go to the homes in person *before* you make your choice. Only by seeing them firsthand can you get a true impression of the places and the people who work there. And only in this way will you be able to rest assured that you have made the best possible choice.

Because a nursing home is a complex operation, there are many things to find out when you visit. The following pages provide a general guide, with the emphasis on things to *do*. The checklist in the back of this booklet gives more specific points to look for and ask about. Take the booklet along and refer to the checklist during your visits.

Preparing for visits. For the first visit to a home, it is a good idea to make an appointment in advance. State that you would like to meet with the administrator—also, if possible, with the director of nursing services and the director of social services. Mention that you would like to watch a meal being prepared and served, and to see as many different therapy sessions and patient activities as possible.

Usually, a good time to visit is late morning or midday. By then the early morning cleanup is over and you will be in time for the noon meal.

A short time before your visit, review this booklet to refresh yourself on important points.

MEETING WITH KEY PERSONNEL. When you arrive at a home, spend some time with the administrator, the director of nursing services, and the director of social services. Talk with them long

enough to get a feeling for the kind of people they are and their attitudes toward their work. Do not worry about imposing on their time, meeting with you and others like you is part of their job.

Encourage the people in the meeting to tell you about the history and philosophy of the home. Find out who owns the home and whether it is run on a profit or non-profit basis. (Under Federal regulations, the names of a home's owners and board members must be made available to the public.)

Verifying vital points. This is the time to check the state licenses or letter of approval from the licensing agency for the facility and for the administrator. Ask to see them, and look for dates to make sure the licenses are still in effect.

This is also the time to confirm that the home is certified for participation in the Medicare and Medicaid programs, and can provide any special programs or therapy the elderly person needs.

Checking reports of surveys. Reports from the State survey agency can give important clues to the health and safety conditions in the home: the Skilled Nursing Facility Survey Report, the Intermediate Care Facility Survey Report, and the Fire Safety Survey Report.

Each nursing home that participates in Medicare (as a skilled nursing facility) or in Medicaid (as a skilled nursing facility or an intermediate care facility) must be surveyed by the State at least once every 12 months to determine if it meets Federal standards. A review of these reports will show any deficiencies the facility may have.

Each report and accompanying statement of deficiencies and written comments are available to the public within 90 days following completion of the survey.

- *Medicare* survey reports are available at any local Social Security Office.
- The statements of deficiencies and written comments are available at the Social Security District Office, and public assistance agency servicing the area in which the nursing home surveyed is located.
- The State Welfare Department is responsible for establishing procedures for the disclosure of survey information for facilities participating only in the *Medicaid* program. Contact your local public assistance agency for information on the location of survey reports for skilled nursing facilities participating in Medicaid only and for reports on intermediate care facilities.

Keep in mind, however, that no nursing home can participate in Medicare and/or Medicaid if it has serious deficiencies which place the health and safety of the patients in jeopardy. In addition, deficiencies noted on the report form must be corrected by the facility within a reasonable length of time.

Reviewing the statement of patients' rights. Ask for a copy of this statement; the home is required to make it available to the public. Note whether it covers the points required by Federal regulations as described in Part Two. During your visit, look for signs that patients' rights are actually being honored. You should also ask to see a copy of any Admission Agreement or Contract that the home may use.

CHECKING WITH THE STATE NURSING HOME OMBUDSMAN.

Each State is now required by law to have a State Nursing Home Ombudsman. An important role of the ombudsman is to investigate and resolve complaints made by or on behalf of residents in nursing homes. The ombudsman is particularly concerned with any problems that may adversely affect the health, safety, welfare, and rights of nursing home residents. You may wish to check with the ombudsman to find out whether there are any serious complaints from residents in the nursing home you are considering. A listing of the State Nursing Home Ombudsman offices is in the Appendix of this publication.

TOURING THE HOME. You should be given a tour of the home by the administrator (if possible) or some other member of the staff. Look around carefully as you go, and feel free to ask questions about anything you do not understand.

General Observations. Try to see all the important areas of the home. Here are some things to look for in all areas of the nursing home:

Note the general appearance and atmosphere of the home. It should be pleasant, comfortable, attractively furnished and decorated. There should be touches that make it seem more like a home. Though the home may have a "lived-in" look, it should definitely be clean.

The home should also be reasonably free of unpleasant odors. This is a matter that requires some judgment. Where patients lack control of the bowels and bladder, *some* odors are to be expected, particularly in the early morning.

Prevention of accidents must be a major concern in nursing homes. Objects should not be left where patients may bump into

them or trip over them. There should not be conditions that could lead to slips, such as wet spots or loose rugs on floors. In addition, nursing homes should always have devices to help patients steady themselves, such as handrails in hallways and grab bars in bathrooms and toilets.

Residents' rooms. For most residents, no part of the home is more important than their own rooms.

Visit some of the residents' rooms; they should be clean, comfortable, and pleasant. Ask about the procedures the nursing home takes to ensure that roommates are compatible.

Try to get an idea of how many beds in the home are occupied. In most areas, the good nursing homes are almost always occupied to near-capacity.

Each bedroom should have no more than four beds, a window, and access to the corridor. Mirrors in the room should be arranged for convenient use by residents in wheelchairs as well as by patients in a standing position. In rooms with more than one person, there should be fire resistant screens or curtains to ensure privacy.

In addition, each resident should have:

- an adjustable bed with a comfortable mattress and pillow
- adequate closet space (wardrobe, locker, or closet) with a clothes rod and adjustable shelf provided
- a bedside cabinet or table
- a comfortable non-folding chair
- a reading lamp
- a readily available individual bedpan, urinal, and/or washbasin and access to a lavatory or toilet room.

Each home should have enough over-bed or over-chair side tables to meet the needs of the residents. At each bed and in each toilet, bathing, and shower room, there should be within easy reach an automatic call button connected to the nearest nurses' station.

Ask how the home selects roommates. Putting two people together without considering their special interests, cultural background, and personalities can lead to conflict.

MEDICAL AND NURSING SERVICES. Because medical and nursing care are crucial to resident's welfare, you will want to find out as much about them as you can.

If the elderly person will depend on the nursing home's physician, make a point of meeting him either at the home or later, in his office. Find out how often he visits and whether he actually sees residents, and how often he reviews their records. Ask what arrangements have been made for handling emergencies in the home and for making emergency transfers to a hospital. (You also might check with the hospital to find out their emergency procedures.)

Visit the nurses' station (the headquarters for the nursing staff). Ask for an explanation of the nurses' calling system by which residents can signal for help.

Ask to be shown the room where drugs are stored and prepared. Find out how drugs are safeguarded and who is authorized to administer them.

RESTRAINTS. On occasion, there may be a need for physical and/or chemical restraints. Restraints must be prescribed by the doctor, and should be used only when required to protect the health and safety of the patient. When a chemical restraint (medication) is used, a nurse must check the patient periodically to make sure there are no adverse side-effects. When a physical restraint is used, the patient should be monitored even more often to see that all is well, and to take care of any physical needs such as toileting. Ask about the nursing home's procedures with regard to checking on patients when restraints are used, and try to observe how the other patients seem to be faring.

Rehabilitation and activities programs. The efforts made to help residents regain their physical capacities and to provide them with satisfying recreational activities also deserve special attention.

Ask to see the schedule of events for the week. Note how often therapy sessions are scheduled and whether a variety of recreational activities is offered.

Try to see physical therapy, occupational therapy, and speech therapy in action. If this is not possible, at least visit the areas where these programs are conducted. If the therapists are on hand, make a point of talking with them. Ask to look at craft projects that residents in occupational therapy have completed or that are in progress. Watch a recreational activity in progress.

Food services. Obviously, the health and morale of residents is very much affected by the quality of the food they get. This is another area where you can rely heavily on your own experience.

Inspect the kitchen. Although it is geared to serve a large number of people, it should be just as clean and orderly as your own kitchen at home.

Watch the kitchen staff in action for a while. They should function as a well-organized team. Look for signs that foods needing refrigeration, such as milk, cream sauces and mayonnaise, are not left standing on counter tops.

Ask to see the menus for the week. Are the meals interesting and varied? Is a snack offered at bedtime? Are between-meal snacks available during the day? Are the meal times at usually accepted hours of the day?

Ask about how special diets are handled. You should see special menus for therapeutic diets—low salt, low fat, and so on—and there should be some system for identifying patients who require these special meals.

Notice the food being prepared or served. It should be appetizing and attractive. Check whether it corresponds to the posted menu and adequate substitute food provided.

Ask to sample the food. (In some nursing homes, you may be invited to eat a meal in the dining room.) Is the food tasty? Would you be happy eating food of that quality day after day?

Watch patients eating a meal and note whether the patients appear to be enjoying the food. Are people who need it given help with eating, both in the dining room and in their own rooms? Are those who do not care for the food given something else they like better that has the same nutritional value?

MAKING FOLLOW-UP OBSERVATIONS. Consider going back for a second visit, particularly if you are unsure about anything. If you come during visiting hours, the administrator should not object. The best time to plan a second visit is during the evening hours, when there are usually fewer staff members on duty.

Take a leisurely walk through the facility, and try to determine answers to the following questions:

- Do the residents seem to receive attention in the evening?
- Are staff attitudes the same in the evening as during the day?
- Are there any evening activities for the residents?
- Does the evening staffing seem to be adequate to meet resident needs?

Take time to chat with residents about how they feel about care in the nursing home. Their attitudes may be very revealing.

CHECKING COSTS AND OTHER ARRANGEMENTS. If all or part of the resident's bill will not be covered by the Federal insurance plans or other benefits, you will naturally be concerned about costs. Even Medicare and Medicaid do not cover all of the costs of care for residents in a nursing home.

Costs may vary from one nursing home to another. If you look carefully, you should be able to find a home that provides quality care at a reasonable price.

Charges. Unfortunately, billings are sometimes complicated, and different homes handle them in different ways. This may make it difficult to estimate what a typical month's bill will be and to compare the cost of one home with another.

Nearly all nursing homes have a basic monthly charge. Most also make other charges as well. The difficulty comes because there is no uniformity in determining which things are covered under the basic charge and which are "extras."

Usually the basic charge covers *at least* room and meals, housekeeping, linen, general nursing care, medical records services, recreation and personal care and similar services and materials that are provided equally to all patients. Generally, extra charges are made for items that vary from patient to patient.

These are extras in most nursing homes:

- Physician services, including the work of specialists like dentists, ophthalmologists, podiatrists, etc.
- Drugs and medications
- Physical therapy
- Diagnostic services such as laboratory work, x-rays, electrocardiograms, etc.
- Personal services such as telephone calls, personal laundry, beauticians and barbers.

Additional items are considered by many homes as part of the basic charge, whereas in other homes they are considered as extras. Included in this category are such items as the administration of drugs, examinations, special diets, and help with daily activities such as eating and bathing.

Medicare will pay for items and services furnished by a SNF that are necessary for the care of the patient. Medicaid will also pay for the care and services needed by the patient. However, some items such as drugs may not be fully covered by Medicaid in some States. Under Medicare, after 20 days, there is a co-insurance amount that must be paid by the patient.

Private pay residents may be billed once for the length of a patient's stay, as a flat charge each month, or each time a service or material is provided. For example, a nursing home may make a one-time-only charge for a special mattress, may rent a wheelchair by the month, and may make a charge each time a person is given an injection or fed by hand.

Some other important matters. Here are some other financial and legal questions that should be answered.

Will a refund be made for unused days paid in advance? It is common practice to pay the monthly charge in advance, but a person may not stay in the home for the full month. Some homes keep the full payment anyway, others make a refund for the unused days.

If a resident's cash or other assets are entrusted to the home, determine how these are handled and accounted for. The resident should be given a signed receipt for all deposits, all withdrawals should be noted on a monthly or quarterly statement of funds, prepared and signed by the nursing home administrator. In this way, the patient can keep track of his or her account.

Before a final choice is made, be sure you have a clear understanding about the following matters:

- The daily rate, and exactly what is and what is not included in this rate.
- The exact charges for supplies and services not included in this daily rate.
- What will happen when personal funds are depleted and Medicaid (Title XIX) assistance is required.
- What will happen if there is a change in the level of care needed by the patient.
- The arrangements the facility has for pharmacy service.

MAKING THE DECISION. Once you have visited several nursing homes and have figured out about how much they will cost, you are ready to see how they stack up against one another. In making comparisons, you will find it helpful to fill out the checklist in this booklet for each of the homes. You may find that none of the homes you are considering meets all the points described in this booklet. But keep in mind that some of the questions are more important than others, so simply adding up the “yes” and “no” answers will not give you a fool-proof basis for comparison. You must also use your own judgment. And if you are not sure how important an item is to the particular person who needs the home, a telephone call to his or her physician should help you decide.

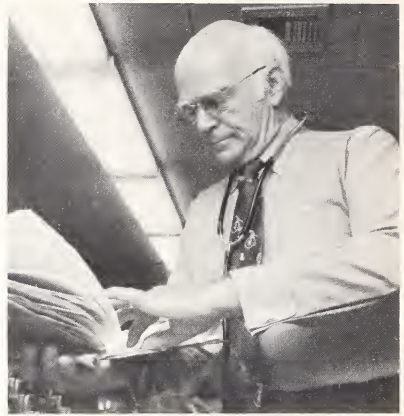
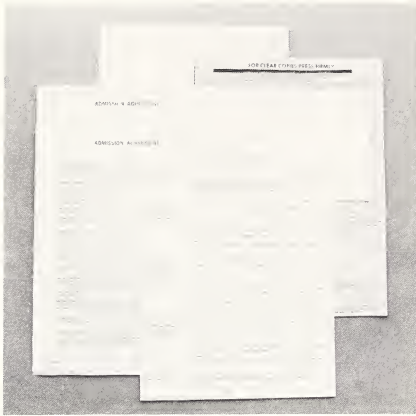
If at all possible, do not let costs be the only factor you consider in choosing a home. The *quality* of care is critical. And by all means, let the elderly person play a part in making the decision.

MAKING THE SELECTION. For most people, finding ways to finance nursing home care is a major concern. If the elderly person does not qualify for care under Medicare or Medicaid programs, check whether his or her private health insurance covers nursing home costs. Retirement and pension plans may also include such coverage.

The contract. The nursing home may refer to this by one of several names: financial agreement, admission agreement, entrance contract, or some other term. What it amounts to is a contract between the nursing home and the patient spelling out the conditions under which the patient is accepted. The resident, or the person sponsoring him or her, will have to sign the contract before the patient is admitted and will be legally bound by what it says.

The contract should state the costs, the services included, legal responsibilities, and any other matters of a legally binding nature. Ideally, it should also include safeguards for the patient—patients’ rights, grievance procedures, minimum nursing care, emergency procedures, and standards of food service.

Before you sign the contract, be sure you understand it completely. Ask the nursing home administrator to explain anything that is not clear. If possible, have a lawyer review the contract before you sign it.



Preparing for the patient's admission. The administrator and director of social services will make arrangements with you for admitting the elderly person to the home. If the person is to be transferred from a hospital, the physician and the hospital's social worker will also be involved in the planning.

Naturally, you should do everything you can to help prepare the elderly person for entering the home. The social services director can advise you on this and may take an active part by visiting the person in advance.

To ease the transition, try to be with the elderly person on admission day and stay a few hours to help him or her get settled in.

FOLLOW UP. Once the elderly person has entered the nursing home, your responsibilities continue. Try to visit the home as often as you can. Seeing friends and relatives can be a tremendous boost to the resident's morale.

WHAT TO DO WHEN YOU HAVE A COMPLAINT. No matter how good any nursing home may be, the time may arise when you question the care, services or environment of the home. Usually, the first step in resolving such a problem is to speak directly to the nursing home administrator or to the director of nursing or of social services. If the matter is not satisfactorily settled using this approach, your next step would be to bring the problem to the attention of the Nursing Home Ombudsman in your State. Write or telephone the Nursing Home Ombudsman to discuss the grievance. The address and telephone number of the State ombudsmen are listed in the Appendix.

PART FOUR

Checklist

The following is a checklist of important points to consider in selecting a nursing home. You should find the checklist helpful in several ways: for brushing up on things to look for and ask about before you visit a home, for referring to as you talk with staff members and tour a home, and for sizing up a home after a visit and comparing it with other homes you have visited.

There are many items on the list, because nursing homes are complex operations. To cover all the items, you may have to make additional visits or follow-up telephone calls.

Some of the items will be difficult to find out on your own, so you will probably have to ask personnel of the home.

This checklist is offered to serve as a reference guide:

The name of nursing **Home A** is _____

The name of nursing **Home B** is _____

The name of nursing **Home C** is _____

	HOME A	HOME B	HOME C
	Yes/No	Yes/No	Yes/No
Is the home certified to participate in the Medicare and Medicaid programs?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Does the nursing home have the required current license from the State or letter of approval from a licensing agency?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Does the administrator have a current license?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
If the person you are placing requires special services, such as rehabilitation therapy or a therapeutic diet, does the home provide them?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

	HOME A	HOME B	HOME C
	Yes/No	Yes/No	Yes/No
Is the general atmosphere of the nursing home warm, pleasant, and cheerful?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Is the administrator courteous and helpful?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Are staff members cheerful, courteous, and enthusiastic?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Do staff members show patients genuine interest and affection?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Do residents look well cared for and generally content?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Are residents allowed to wear their own clothes, decorate their rooms, and keep a few prized possessions on hand?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Is there a place for private visits with family and friends?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Is there a written statement of patient's rights? As far as you can tell, are these points being carried out?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Do residents, other visitors, and volunteers speak favorably about the home?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

LOCATION

Is the home near family and friends?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
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GENERAL PHYSICAL CONSIDERATIONS

	HOME A	HOME B	HOME C
	Yes/No	Yes/No	Yes/No
Is the nursing home clean and orderly?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

HOME A	HOME B	HOME C
Yes/No	Yes/No	Yes/No
Is the home reasonably free of unpleasant odors?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Are toilet and bathing facilities easy for handicapped patients to use?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Is the home well-lighted?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Are rooms well-ventilated and kept at a comfortable temperature?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

SAFETY

HOME A	HOME B	HOME C
Yes/No	Yes/No	Yes/No
Are wheelchair ramps provided where necessary?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Is the nursing home free of obvious hazards, such as obstacles to patients, hazards underfoot, unsteady chairs?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Are there grab bars in toilet and bathing facilities and handrails on both sides of hallways?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Do bathtubs and showers have non-slip surfaces?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Are there smoke detectors, an automatic sprinkler system, and automatic emergency lighting?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Are there portable fire extinguishers?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Are exits clearly marked and exit signs illuminated?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Are exit doors unobstructed and unlocked from inside?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

HOME A	HOME B	HOME C
Yes/No	Yes/No	Yes/No

Are certain areas posted with no-smoking signs? Do staff, residents, and visitors observe them?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Is an emergency evacuation plan posted in prominent locations?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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MEDICAL, DENTAL, AND OTHER SERVICES

HOME A	HOME B	HOME C
Yes/No	Yes/No	Yes/No

Does the home have an arrangement with an outside dental service to provide patients with dental care when necessary?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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In case of medical emergencies, is a physician available at all times, either on staff or on call?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Does the home have arrangements with a nearby hospital for quick transfer of nursing home patients in an emergency?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Is emergency transportation readily available?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

PHARMACEUTICAL SERVICES

HOME A	HOME B	HOME C
Yes/No	Yes/No	Yes/No

Are pharmaceutical services supervised by a qualified pharmacist?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Is a room set aside for storing and preparing drugs?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Does a qualified pharmacist maintain and monitor a record of each patient's drug therapy?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

NURSING SERVICES

	HOME A	HOME B	HOME C
	Yes/No	Yes/No	Yes/No
Is at least one registered nurse (RN) or licensed practical nurse (LPN) on duty day and night?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Is an RN on duty during the day, seven days a week? (For skilled nursing homes)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Does an RN serve as director of nursing services? (For skilled nursing homes)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Are nurse or emergency call buttons located at each patient's bed and in toilet and bathing facilities?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

FOOD SERVICES

	HOME A	HOME B	HOME C
	Yes/No	Yes/No	Yes/No
Is the kitchen clean and reasonably tidy? Is food needing refrigeration not left standing out on counters? Is waste properly disposed of?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Ask to see the meal schedule. Are at least three meals served each day? Are meals served at normal hours, with plenty of time for leisurely eating?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Are nutritious between-meal and bedtime snacks available?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Are patients given enough food? Does the food look appetizing?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Sample a meal. Is the food tasty and served at the proper temperature?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Does the meal being served match the posted menu?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

HOME A	HOME B	HOME C
Yes/No	Yes/No	Yes/No

Are special meals prepared for patients on therapeutic diets?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Is the dining room attractive and comfortable?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Do patients who need it get help in eating, whether in the dining room or in their own rooms?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

REHABILITATION THERAPY

HOME A	HOME B	HOME C
Yes/No	Yes/No	Yes/No

Is a full-time program of physical therapy available for patients who need it?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Are occupational therapy and speech therapy available for patients who need them?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

SOCIAL SERVICES & PATIENT ACTIVITIES

HOME A	HOME B	HOME C
Yes/No	Yes/No	Yes/No

Are there social services available to aid patients and their families?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Does the nursing home have a varied program of recreational, cultural, and intellectual activities for patients?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Is there an activities coordinator on the staff?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Is suitable space available for patient activities? Are tools and supplies provided?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Are activities offered for patients who are relatively inactive or confined to their rooms?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

HOME A	HOME B	HOME C
Yes/No	Yes/No	Yes/No

Look at the activities schedule.
Are activities provided each day?
Are some activities scheduled in the evenings?

☐ ☐ ☐ ☐ ☐ ☐

Do patients have an opportunity to attend religious services and talk with clergymen both in and outside the home?

☐ ☐ ☐ ☐ ☐ ☐

PATIENTS' ROOMS

HOME A	HOME B	HOME C
Yes/No	Yes/No	Yes/No

Does each room open onto a hallway?

☐ ☐ ☐ ☐ ☐ ☐

Does each room have a window to the outside?

☐ ☐ ☐ ☐ ☐ ☐

Does each patient have a reading light, a comfortable chair, and a closet and drawers for personal belongings?

☐ ☐ ☐ ☐ ☐ ☐

Is there fresh drinking water within reach?

☐ ☐ ☐ ☐ ☐ ☐

Is there a curtain or screen available to provide privacy for each bed whenever necessary?

☐ ☐ ☐ ☐ ☐ ☐

Do bathing and toilet facilities have adequate privacy?

☐ ☐ ☐ ☐ ☐ ☐

OTHER AREAS OF THE NURSING HOME

HOME A	HOME B	HOME C
Yes/No	Yes/No	Yes/No

Is there a lounge where patients can chat, read, play games, watch television, or just relax away from their rooms?

☐ ☐ ☐ ☐ ☐ ☐

Is a public telephone available for patients' use?

☐ ☐ ☐ ☐ ☐ ☐

HOME A	HOME B	HOME C
Yes/No	Yes/No	Yes/No

Does the nursing home have an outdoor area where patients can get fresh air and sunshine?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

FINANCIAL AND RELATED MATTERS

HOME A	HOME B	HOME C
Yes/No	Yes/No	Yes/No

Do the estimated monthly costs (including extra charges) compare favorably with the cost of other homes?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Is a refund made for unused days paid for in advance?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Are visiting hours convenient for patients and visitors?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Are these and other important matters specified in the contract? (See page 29)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

APPENDIX

HEALTH DEPARTMENTS

ALABAMA

Alabama State Department
of Public Health
State Office Building
Montgomery, Alabama
36130
(205) 832-3120

ALASKA

Alaska Department of
Health and Social
Services
Alaska Office Building
Pouch H 06
Juneau, Alaska 99811
(907) 465-3090

ARIZONA

Arizona Department of
Health Services
1740 West Adams Street
Phoenix, Arizona 85007
(602) 255-1024

ARKANSAS

Arkansas Department of
Health
4815 West Markham Street
Little Rock, Arkansas
72201
(501) 661-2111

CALIFORNIA

Department of Health
Services
714 P Street, Room 1253
Sacramento, California
95814
(916) 445-1248

WELFARE DEPARTMENTS

Alabama Department of
Pensions and Security
64 North Union Street
Montgomery, Alabama
36130
(205) 832-6095

Alaska Department of
Health and Social
Services
Pouch HO-1
Juneau, Alaska 99811
(907) 465-3030

Arizona Department of
Economic Security
P.O. Box 6123
Phoenix, Arizona 85005
(602) 255-5678

Department of Human
Services
1428 Donaghey Building
7th and Main
Little Rock, Arkansas
72201
(501) 271-1001

California Health and
Welfare Agency
Dept. of Social Services
744 P Street
Sacramento, California
95814
(916) 323-1200

NURSING HOME OM- BUDSMAN OFFICES

Commission on Aging
740 Madison Avenue
Montgomery, Alabama
36130
(205) 832-6640

Office on Aging
Dept. of Health and Social
Services
Pouch H 01C
Juneau, Alaska 99811
(907) 465-4903

Bureau on Aging
Department of Economic
Security
1640 West Grand Avenue
Phoenix, Arizona 85007
(602) 271-4446

Office on Aging and Adult
Department of Human
Services
Donaghey Building, 7th
and Main
Little Rock, Arkansas
72201
(501) 371-2441

Department on Aging
918 J Street
Sacramento, California
95814
(916) 322-6715

HEALTH DEPARTMENTS

COLORADO

Colorado Department of
Health
4210 East 11th Avenue
Denver, Colorado 80220
(303) 320-8333, Ext. 3315

CONNECTICUT

Connecticut State Depart-
ment of Health Services
79 Elm Street
Hartford, Connecticut
06115
(203) 566-2297

DELAWARE

Department of Health and
Social Services, Division
of Public Health
Jesse Cooper Building
Capitol Square
Dover, Delaware 19901
(302) 736-4701

DISTRICT OF COLUMBIA

Commission of Public
Health
Department of Human
Services
1875 Connecticut Avenue,
N.W.
Room 825
Washington, D.C. 20009
(202) 673-7700

FLORIDA

Department of Health and
Rehabilitative Services
Building 1, Room 113
1323 Winewood Boulevard
Tallahassee, Florida 32301
(904) 487-2705

WELFARE DEPARTMENTS

Colorado Department of
Social Services
1575 Sherman Street
Denver, Colorado 80203
(303) 839-3041

Connecticut Department of
Human
1179 Main Street
P.O. Box 786
Hartford, Connecticut
06101
(203) 566-3318

Delaware Department of
Health and Social
Services, Division of
Social Services
Administration Building
Delaware State Hospital
New Castle, Delaware
19720
(302) 421-6734

Commission of Social
Services
Department of Human
Services
1350 E Street, N.W.
Washington, D.C. 20004
(202) 727-0310

Florida Department of
Health and
Rehabilitative
Services
1323 Winewood Boulevard
Tallahassee, Florida 32301
(904) 488-7721

NURSING HOME OM- BUDSMAN OFFICES

Colorado Congress of
Senior Organizations
243 East 19th Avenue
Denver, Colorado 80203
(303) 839-1955

Department on Aging
80 Washington Street
Hartford, Connecticut
06115
(203) 566-7770

Division of Aging
Department of Health and
Social Services
1901 N. Dupont Highway,
CT Building
New Castle, Delaware
19720
(302) 421-6791

Office on Aging
1012 14th Street, N.W.
Suite 1106
Washington, D.C. 20005
(202) 724-5622

Office of Aging and Adult
Services
Department of Health and
Rehabilitative Services
1323 Winewood Boulevard
Building 2, Room 328
Tallahassee, Florida 32301
(904) 488-2650

HEALTH DEPARTMENTS

GEORGIA

Georgia Department of
Human Resources
47 Trinity Avenue, S.W.
Room 522 H
Atlanta, Georgia 30334
(404) 656-4655

HAWAII

Hawaii Department of
Health
Mailing Address: P.O. Box
3378
Honolulu, Hawaii 96801
(808) 548-6505

IDAHO

Department of Health and
Welfare
State House
Boise, Idaho 83720
(208) 334-4282

ILLINOIS

Illinois Department of
Public Health
535 West Jefferson Street
Springfield, Illinois 62761
(217) 782-4977

INDIANA

Indiana State Board of
Health
1330 West Michigan Street
Indianapolis, Indiana 46206
Mailing Address: P.O. Box
1964
(317) 633-8400

IOWA

State Department of
Health
Lucas State Office
Building
Des Moines, Iowa 50319
(515) 281-5606

WELFARE DEPARTMENTS

Georgia Department of
Human Resources
State Office Building
47 Trinity Avenue, S.W.
Atlanta, Georgia 30334
(404) 656-5680

Hawaii Department of
Social Services and
Housing
P.O. Box 339
Honolulu, Hawaii 96809
(808) 548-6260

Idaho Department of
Health and Welfare
State House
Boise, Idaho 83720
(202) 384-2336

Illinois Department of
Public Aid
316 South Second Street
Springfield, Illinois 62762
(217) 782-6716

Indiana Department of
Public Welfare
State Office Building
Indianapolis, Indiana 46204
(317) 633-4602

Iowa Department of Social
Services
Lucas State Office
Building
Des Moines, Iowa 50319
(515) 281-5245

NURSING HOME OM- BUDSMAN OFFICES

Office of Aging
Department of Human
Resources
618 Ponce de Leon, N.E.
Atlanta, Georgia 30308
(404) 894-5336

Executive Office on Aging
Office of the Governor
1149 Bethel Street, Room
307
Honolulu, Hawaii 96813
(808) 548-2593

Office on Aging
State House
506 North 5th Street
Boise, Idaho 83707
(208) 384-3833

Department on Aging
421 East Capitol Avenue
Springfield, Illinois 62706
(217) 785-0152

Commission on Aging
215 North Senate Avenue
Indianapolis, Indiana 46202
(317) 232-1190

Commission on Aging
415 10th Street
Des Moines, Iowa 50319
(515) 281-5187

HEALTH DEPARTMENTS

KANSAS

Kansas Department of
Health and Environment
Forbes Field
Topeka, Kansas 66620
(913) 862-9360, Ext. 522

KENTUCKY

Bureau of Health Services
Department for Human
Resources
275 East Main Street
Frankfort, Kentucky 40621
(502) 564-3970

LOUISIANA

Department of Health and
Human Resources
325 Loyola Avenue
Mailing Address: P.O. Box
60630
New Orleans,
Louisiana 70160
(504) 568-5050

MAINE

Bureau of Health
Department of Human
Services
157 Capitol Street
Augusta, Maine 04333
(207) 289-3201

MARYLAND

Maryland State Department
of Health and Mental
Hygiene
201 West Preston Street
Baltimore, Maryland 21201
(301) 383-6195

MASSACHUSETTS

Massachusetts Department
of Public Health
600 Washington Street
Boston, Massachusetts
02111
(617) 727-2700

WELFARE DEPARTMENTS

Kansas Department of
Social and Rehabilitation
Services
State Office Building
Topeka, Kansas 66612
(913) 296-3271

Kentucky Department for
Human Resources
Capitol Annex, Room 237
Frankfort, Kentucky 49601
(502) 564-7130

Louisiana Department of
Health and Human
Resources
P.O. Box 3776
Baton Rouge, Louisiana
70821
(504) 342-6711

Maine Department of
Human Services
State House
Augusta, Maine 04333
(207) 289-2736

Maryland Department of
Human Resources
110 N. Eutaw Street
Baltimore, Maryland 21201
(301) 383-5528

Massachusetts Department
of Public Welfare
600 Washington Street
Boston, Massachusetts
02111
(617) 727-6190

NURSING HOME OM- BUDSMAN OFFICES

Department on Aging
610 West 10th
Topeka, Kansas 66612
(913) 296-4986

Department for Human
Resources
275 East Main Street
Frankfort, Kentucky 40621
(502) 564-5498

Bureau of Aging Services
Division of Human
Development
Department of Health and
Human Resources
P.O. Box 44282, Capitol
Station
Baton Rouge, Louisiana
70804
(504) 342-2756

Main Committee on Aging
State House
Augusta, Maine 04333
(207) 289-2561

Office on Aging
301 W. Preston Street
Room 1004
Baltimore, Maryland 21201
(301) 383-5064

Office of Elder Affairs
110 Tremont Street, 5th
Floor
Boston, Massachusetts
02108
(617) 727-7273

HEALTH DEPARTMENTS

MICHIGAN

Michigan Department of
Public Health
3500 North Logan Street
Mailing Address: P.O. Box
30035
Lansing, Michigan 48909
(517) 373-1320

MINNESOTA

Minnesota Department of
Health
717 Delaware Street, S.E.
Minneapolis, Minnesota
55440
(612) 296-5460

MISSISSIPPI

State Board of Health
Felix J. Underwood
Building
2423 N. State Street
Jackson, Mississippi 39205
Mailing Address: P.O. Box
1700
Jefferson City, Missouri
65101
(601) 354-6646

MISSOURI

Division of Health
Missouri Department of
Social Services
Broadway State Office
Building
Mailing Address: P.O. Box
570
Jefferson City, Missouri
65101
(314) 751-4330

MONTANA

State Department of
Health and Environmen-
tal Sciences
Cogswell Building
Helena, Montana 59601
(406) 449-2544

WELFARE DEPARTMENTS

Michigan Department of
Social Services
300 South Capitol Avenue
Lansing, Michigan 48926
(517) 373-2000

Minnesota Department of
Public Welfare
Centennial Office Building
St. Paul, Minnesota 55155
(612) 296-2701

Mississippi Department of
Public Welfare
P.O. Box 4321, Fondren
Station
Jackson, Mississippi 39216
(601) 956-8713

Missouri Department of
Social Services
Broadway State Office
Building
Jefferson City, Missouri
65101
(314) 751-2086

Montana Department of
Social and Rehabilitation
Services
P.O. Box 4210
Helena, Montana 59601
(406) 449-3451

NURSING HOME OM- BUDSMAN OFFICES

Citizens for Better Care
163 Madison
Detroit, Michigan 48226
(313) 962-5968

Board on Aging
Suite 204, Metro Square
Building
7th and Roberts Streets
St. Paul, Minnesota 55101
(612) 296-2770

Council on Aging
P.O. Box 5136, Fondren
Station
510 George Street
Jackson, Mississippi 39216
(601) 354-6590

Office of Aging
Department of Social
Services
Broadway State Office
Building
P.O. Box 570
Jefferson City, Missouri
65101
(314) 751-2031

Montana Legal Services
Association
301 Steamboat Block
16 Helena Avenue
Helena, Montana 59601
(406) 442-9830

HEALTH DEPARTMENTS

NEBRASKA

State Department of
Health
301 Centennial Mall South
Mailing Address: P.O. Box
95007
Lincoln, Nebraska 68509
(402) 471-2133

NEVADA

Division of Health
State Department of
Human Resources
505 East King Street
Capitol Complex
Carson City, Nevada 89710
(702) 885-4740

NEW HAMPSHIRE

Division of Public Health
Services
State Department of
Health and Welfare
Health and Welfare
Building
Hazen Drive
Concord, New Hampshire
03301
(603) 271-4501

NEW JERSEY

State Department of
Health
Mailing Address: P.O. Box
1540
John Fitch Plaza
Trenton, New Jersey 08625
(609) 292-7837

NEW MEXICO

Health Services Division
New Mexico Health and
Environment Department
725 St. Michael's Drive
Mailing Address: P.O. Box
968
Santa Fe, New Mexico
87503
(505) 827-3201, Ext. 400

WELFARE DEPARTMENTS

Nebraska Department of
Public Welfare
301 Centennial Mall South
Fifth Floor
Lincoln, Nebraska 68509
(402) 471-3121, Ext. 105

Nevada Department of
Human Resources
Capitol Complex
505 E. King Street
Carson City, Nevada 89710
(702) 885-4771

New Hampshire Depart-
ment of Health
and Welfare
Hazen Drive
Concord, New Hampshire
03301
(603) 271-4326

New Jersey Department of
Human Services
P.O. Box 1237
Trenton, New Jersey 08625
(609) 292-3717

New Mexico Department of
Human Services
P.O. Box 2348
Santa Fe, New Mexico
87501
(505) 827-2371

NURSING HOME OM- BUDSMAN OFFICES

Commission on Aging
State House Station 95044
Lincoln, Nebraska 68509
(402) 471-2307

Division of Aging
Department of Human
Resources
505 East King Street
Kinkead Building, Room
101
Carson City, Nevada 89710
(702) 885-4210

State Council on Aging
14 Depot Street (P.O. Box
786)
Concord, New Hampshire
03301
(603) 271-2751

Office of the Ombudsman
for the Institutionalized
13 North Warren Street
Trenton, New Jersey 08608
(609) 292-8016

State Agency on Aging
440 St. Michael's Drive
Chamisa Hill Building
Santa Fe, New Mexico
87503
(505) 827-2802

HEALTH DEPARTMENTS

NEW YORK

State Department of
Health
Empire State Plaza
Tower Building, 14th Floor
Albany, New York 12237
(518) 474-2011

WELFARE DEPARTMENTS

New York State Depart-
ment of Social Services
40 North Pearl Street
Albany, New York 12242
(518) 474-9003

NURSING HOME OM- BUDSMAN OFFICES

State Office on Aging
Agency Building No. 2
Empire State Plaza
Albany, New York 12223
(518) 474-8994

NORTH CAROLINA

Division of Health Services
Department of Human
Resources
225 North McDowell Street
Mailing Address: P.O. Box
2091
Raleigh, North Carolina
27602
(919) 733-3446

North Carolina Department
of Human Services
325 N. Salisbury Street
Raleigh, North Carolina
27611
(919) 733-4534

Division of Aging
Department of Human
Resources
Administration Building
708 Hillsborough Street
Suite 200
Raleigh, North Carolina
27603
(919) 733-3983

NORTH DAKOTA

State Department of
Health
State Capitol
Bismarck, North Dakota
58505
(701) 224-2372

Social Service Board of
North Dakota
State Capitol
Bismarck, North Dakota
58505
(701) 224-2310

Aging Services
Social Services Board of
North Dakota
Bismarck, North Dakota
58505
(701) 224-2577

OHIO

Ohio Department of Health
246 North High Street
Mailing Address: P.O. Box
118
Columbus, Ohio 43216
(614) 466-2253

Ohio Department of Public
Welfare
32nd Floor
30 East Broad Street
Columbus, Ohio 43215
(614) 466-6282

Commission on Aging
50 West Broad Street, 9th
Floor
Columbus, Ohio 43216
(614) 466-1220

OKLAHOMA

State Department of
Health
1000 N.E. 10th and
Stonewall
Mailing Address: P.O. Box
53551
Oklahoma City, Oklahoma
73152
(405) 271-4200

Oklahoma Department of
Institutions
Social and Rehabilitative
Services
P.O. Box 25352
Oklahoma City, Oklahoma
73125
(405) 521-3646

Special Unit on Aging
Department of Institutions
Social and Rehabilitative
Services
P.O. Box 25352
Oklahoma City, Oklahoma
73125
(405) 521-2281

HEALTH DEPARTMENTS

OREGON

Department of Human
Resources
State Health Division
1400 South West 5th
Avenue
Portland, Oregon 97201
(503) 229-5032

PENNSYLVANIA

Pennsylvania Department
of Health
P.O. Box 90
Harrisburg, Pennsylvania
17120
(717) 787-6436

RHODE ISLAND

Rhode Island Department
of Health
75 Davis Street, Room 401
Providence, Rhode Island
02908
(401) 277-2231

SOUTH CAROLINA

South Carolina Department
of Health and Environ-
mental Control
2600 Bull Street
Columbia, South Carolina
29201
(803) 758-5445

SOUTH DAKOTA

State Department of
Health
Joe Foss Building
Pierre, South Dakota 57501
(605) 773-3361

WELFARE DEPARTMENTS

Oregon Department of
Human Resources
318 Public Service Building
Salem, Oregon 97310
(503) 378-3034

Pennsylvania Department
of Public Welfare
P.O. Box 2675
Harrisburg, Pennsylvania
17120
(717) 787-2600

Rhode Island Department
of Social and
Rehabilitative Services
600 New London Avenue
(401) 464-2178

South Carolina Department
of Social Services
P.O. Box 1520
Columbia, South Carolina
29202
(803) 758-3244

South Dakota Department
of Social Services
Richard F. Kneip Building
Pierre, South Dakota 57501
(605) 773-3491

NURSING HOME OM- BUDSMAN OFFICES

Office of Elderly Affairs
Human Resources Depart-
ment
772 Commercial Street,
S.W.
Salem, Oregon 97310
(503) 378-4728

Department of Aging
404 Finance Building
Harrisburg, Pennsylvania
17120
(717) 787-1352

Department of Elderly
Affairs
79 Washington Street
Providence, Rhode Island
02903
(401) 277-2858

Governor's Office
1205 Pendleton Street
Edgar A. Brown Building
Columbia, South Carolina
29201
(803) 758-2249

Office of Adult Services
and Aging
Division of Human
Development
Department of Social
Services
Richard F. Kneip Building
Illinois Street
Pierre, South Dakota 57501
(605) 773-3656

HEALTH DEPARTMENTS

TENNESSEE

Tennessee Department of
Public Health
Cordell Hull Building
Room 344
Fifth Avenue, North
Nashville, Tennessee 37219
(615) 741-3111

TEXAS

Texas Department of
Health
1100 West 49th Street
Austin, Texas 78756
(515) 458-7375

UTAH

Utah State Department of
Health
150 West North Temple
Street
Salt Lake City, Utah 84103
Mailing Address: P.O. Box
2500
Salt Lake City, Utah 84110
(801) 533-6111

VERMONT

Vermont Department of
Health
60 Main Street
Burlington, Vermont 05401
(802) 862-5701

VIRGINIA

State Department of
Health
The James Madison
Building
109 Governor Street
Richmond, Virginia 23219
(804) 786-3561

WASHINGTON

Health Services Division
Department of Social and
Health Services
Office Building 44J
Olympia, Washington
98504
(206) 753-5871

WELFARE DEPARTMENTS

Tennessee Department of
Human Services
410 State Office Building
Nashville, Tennessee 37219
(615) 741-3241

Texas Department of
Human Resources
P.O. Box 2960
Austin, Texas 78769
(512) 441-3355

Utah Department of Social
Services
150 West North Temple
Street
P.O. Box 2500
Salt Lake City, Utah 84110
(801) 533-5331

Vermont Agency of Human
Services
103 South Main Street
Waterbury, Vermont 05676
(802) 241-2852

Virginia Department of
Welfare
8007 Discovery Drive
P.O. Box K-176
Richmond, Virginia 23288
(804) 786-8571

Washington Department of
Social and Health
Services
Mail Stop 440
Olympia, Washington
98504
(206) 753-3395

NURSING HOME OM- BUDSMAN OFFICES

Commission on Aging
703 Tennessee Building
535 Church Street
Nashville, Tennessee 37219
(615) 741-2056

Governor's Committee on
Aging
210 Barton Springs Road
Austin, Texas 78704
(512) 475-2717

Division on Aging
Department of Social
Services
150 West North Temple
Street
Salt Lake City, Utah 84102
(801) 533-6422

Legal Services to the
Elderly
Vermont Legal Aid
Box 562
Burlington, Vermont 15402
(802) 863-2871

Office on Aging
830 East Main Street
Suite 950
Richmond, Virginia 23219
(804) 786-7894

Office on Aging
Department of Social and
Health Services
MS OB2 43G
Olympia, Washington
98504
(206) 753-2502

HEALTH DEPARTMENTS

WEST VIRGINIA

State Department of
Health
1800 East Washington
Street
Room 208
Charleston
West Virginia 25305
(304) 348-2971

WISCONSIN

Wisconsin State Depart-
ment of Health and
Social Services
Division of Health
One West Wilson Street
Mailing Address: P.O. Box
309
Madison, Wisconsin 53702
(608) 266-1511

WYOMING

Division of Health and
Medical Services
Wyoming Department of
Health and Social
Services
Hathaway Building
Cheyenne, Wyoming 82002
(307) 777-7121

TERRITORIES

AMERICAN SAMOA

Division of Public Health
LBJ Tropical Medical
Center
Pago Pago, American
Samoa 96799
Overseas Operator
633-5732

GUAM

Department of Public
Health and Social
Services
P.O. Box 2816
Agana, Guam 96910
Overseas Operator
734-9916

WELFARE DEPARTMENTS

West Virginia Department
of Welfare
1900 Washington Street,
East
Charleston, West Virginia
25305
(304) 348-2400

Wisconsin Department of
Health and Social
Services
State Office Building
One West Wilson Street
Madison, Wisconsin 53702
(608) 266-3681

Wyoming Department of
Health and Social
Services
Hathaway Building
Cheyenne, Wyoming 82002
(307) 777-7561

Guam Department of
Public Health and Social
Services
P.O. Box 2816
Agana, Guam 96910
Overseas Operator
734-9917

NURSING HOME OM- BUDSMAN OFFICES

Commission on Aging
State Capitol
Charleston, West Virginia
25305
(304) 348-2243

Governor's Ombudsman
Program for the Aging
and Disabled
819 North 6th
Milwaukee, Wisconsin
53203
(414) 224-4386

Wyoming State Bar
Association
Attn: OAAAP
Box 983
Cheyenne, Wyoming 82001
(307) 635-0561

Territorial Administration
Government of American
Samoa
Pago Pago, Tutuila
American Samoa 96799

HEALTH DEPARTMENTS

WELFARE DEPARTMENTS

NURSING HOME OM- BUDSMAN OFFICES

PUERTO RICO

Puerto Rico Department of
Health
Edificio A, Hospital de
Psiquiatria
Rio Piedras, Puerto Rico
00936
Overseas Operator
(809) 751-8259

Puerto Rico Department of
Social Services
P.O. Box 11398
Fernandez Juncos Station
Santurce, Puerto Rico
00910
Overseas Operator (809)
723-9965

Gericulture Commission
Department of Social
Services
P.O. Box 11398
Santurce, Puerto Rico
00910
Overseas Operator (809)
722-2429

TRUST TERRITORY OF THE PACIFIC ISLANDS

Trust Territory of the
Pacific Islands
Saipan, Mariana Islands
96950
Cable Address: HICOTT,
Saipan

VIRGIN ISLANDS

Virgin Islands Department
of Health
Mailing Address: P.O. Box
1442
U.S. Virgin Islands 00802
Overseas Operator
(809) 774-6097

Virgin Islands Department
of Social Work
P.O. Box 539
Charlotte Amalie
St. Thomas, Virgin Islands
00801
Overseas Operator (809)
774-1166

Government of the Virgin
Islands
Commission on Aging
P.O. Box 539
Charlotte Amalie
St. Thomas, Virgin Islands
00801
Overseas Operator (809)
774-5884

GLOSSARY

Aide _____	A person who acts as an assistant.
Ambulatory _____	Term referring to the ability to move at will.
Analgesic _____	An agent that alleviates pain without causing loss of consciousness.
Anemia _____	Medical diagnosis of a condition in which the blood is deficient in red blood cells, in hemoglobin, or in total volume. Types of anemia include aplastic anemia, B-12 deficiency (pernicious) anemia, folic acid deficiency anemia, or sickle cell disease.
Antipyretic _____	An agent that reduces fever.
Aphasia _____	Defect or loss of the power of expression by speech.
Arteriosclerosis _____	A condition marked by loss of elasticity, thickening, and hardening of the arteries.
Baseline data _____	Data or information collected which is necessary to identify needs, develop programs and meet those needs, and to measure the overall success of the initiatives undertaken.
Bathing _____	Process of washing the body or body parts. It includes taking a sponge, shower, or tub bath and getting to or obtaining the bathing water or equipment.
Campaign Survey(s) _____	Surveys of long term care facilities conducted solely as a data collection process with no formal relation to the certification procedure under Title XVIII and XIX.
Cathartic _____	A medicine that quickens and increases the evacuation from the bowels.
Chronic _____	Marked by long duration or frequent recurrence.
Clinical status _____	Measure of the stage and severity of illness.
Comatose _____	Pertaining to a state of profound unconsciousness from which the patient cannot be aroused, even by powerful stimulation.
Communication _____	A system of significant symbols which permit ordered human interaction.
Consultant _____	Qualified individual who provides professional advice or services.
Continence _____	Physiologic process of elimination from the bladder and bowel, if required.
Demographic characteristics _____	Profile of personal characteristics, including age, sex, marital status, and race.
Dentition status _____	Description of the number, kind, and arrangement of teeth in the jaw.

Decubitus ulcer _____	Break in the skin exposing deeper tissue caused by pressure on soft tissues while patient is lying down. Two other names which refer to the same condition are bedsores and pressure sores.
Diabetes _____	A deficiency condition marked by habitual discharge of an excessive quantity of urine; particularly diabetes mellitus.
Diagnosis _____	Common basis for defining patient needs for care and in organizing patient care services.
Dietitian _____	A person who has a baccalaureate degree and has completed a dietetic internship or coordinated undergraduate program approved by the American Dietetic Association, or who has the equivalent of such education and training.
Digestive _____	Pertaining to the process or act of converting food into materials fit to be absorbed and assimilated.
Discharge summary _____	Information from the transferring facility concerning medical findings, diagnoses, functional status, and response to previous treatment and care, as well as orders to initiate care of the patient.
Drug administration _____	An act in which a single dose of an identified drug, or combination of drugs, is given to a patient.
Dysarthic _____	Term referring to the imperfect articulation in speech.
Edentulous _____	Condition which occurs when all teeth are missing; toothlessness. If a person has a set of plates and does not use them, he is classified as edentulous.
Endocrine _____	Pertaining to internal secretions; applied to organs whose function is to secrete into the blood or lymph a substance that has a specific effect on another organ or part.
Facility personnel _____	Persons employed by the nursing home.
Fire door _____	A fire-resistive door assembly, including frame and hardware, which under standard test conditions, meets the fire protective requirements for the location in which it is to be used.
Fire partition _____	Floor-to-ceiling partition capable of retarding or stopping fire at a tested, specified rate.
Flame retardant _____	Having or providing comparatively low flammability or flame-spread properties.
Fracture _____	A broken bone.
Functional status _____	Measure of the degree of ability to cope with the activities of daily living.
Geriatrics _____	A branch of medicine that deals with the problems and diseases of old age and aging people.

Governing body _____	An identifiable authority in every nursing home having full legal and moral responsibility for all aspects of facility operations. This authority might be called "governing body," "board of directors," "board of trustees," or other appropriate designation.
Health care facilities _____	Facilities defined in terms of State licensure requirements that are designed for individuals with health needs.
Hypertension _____	Medical diagnosis of a condition in which there exists an abnormally "high" blood pressure measurement.
Incontinence _____	Involuntary loss of urine and/or feces.
Indwelling catheter _____	A hollow cylinder passed through the urethra into the bladder and retained there to keep the bladder drained of urine.
Licensed practical nurse (LPN)	A nurse who is a graduate of an approved school of practical nursing and/or is licensed by waiver to practice as a practical nurse. Also named licensed vocational nurse (LVN).
Life Safety Code _____	Publication of the National Fire Protection Association, which includes those requirements which are intended to provide a reasonable degree of safety against fire.
Long term care _____	Services for symptomatic treatment, maintenance, and rehabilitative services for patients of all age groups in various health care settings.
Intermediate care facility (ICF)	Facility certified by the Federal Government to provide an intermediate level of care. Facility providing health related care and services to individuals who do not require the degree of care and treatment that a hospital or SNF is designed to provide but who do require care above the level of room and board.
Long Term Care Facility Improvement Campaign (LTCFIC).	An accelerated project directed toward upgrading the quality of care provided in the Nation's nursing homes.
Medicaid _____	Health care coverage under Title XIX of the 1965 amendments to the Social Security Act (Public Law 89-97).
Medical director _____	The physician designated to help ensure the adequacy and appropriateness of the medical care provided to patients/residents.
Medical record _____	Clinical documentation of an individual's medical care.
Medical record administrator _	A registered record administrator who has successfully passed an appropriate examination conducted by the American Medical Record Association, or who has the equivalent of such education or training.

Medicare _____	Health care coverage under Title XVIII of the 1965 amendments of the Social Security Act (Public Law 89-97).
Medication _____	Any substance or drug that is taken orally, injected, inserted, or topically or otherwise administered to a patient.
Mental illness _____	A medical diagnosis of psychosis, anxiety, depression, or other psychiatric illness.
Neoplasm _____	Any new and abnormal growth such as a tumor.
Neurological disorders _____	Diseases of the central nervous system and peripheral nerves.
Nursing home(s) _____	Facilities which provide some level of nursing care, participating in the Medicare (Title XVIII and Medicaid (Title XIX) programs.
Nursing home administrator __	Person who is fully responsible for the day-to-day operation of the nursing home.
Nursing service _____	Patient care services pertaining to the curative, restorative, and preventive aspects of nursing that are performed and/or supervised by a registered nurse pursuant to the medical care plan of the practitioner and the nursing care plan.
Nutritionist _____	A person who specializes in the science of nutrition.
Orientation pattern _____	Range or degree of awareness of an individual within his environment, as to location, identity and time of day, month or year.
Ostomy _____	Surgical procedure that establishes an external opening into such parts of the body as the ureter(s), colon, ileum, etc.
Pathophysiologic _____	Descriptive term which refers to a variety of conditions and problems commonly described as accidental or developmental disabilities, chronic illnesses, and diseases of the aging.
Patient assessment form _____	Form developed which contains questions to be answered which describe the individual patient at the time of the survey. Data are provided about the patient's status from several perspectives: his physical functioning, impairments, medical risk status, and social demographic status.
Patient care policies _____	Policies adopted by the governing body of the facilities concerning the rules and regulations for the care of patients.
Patient care plan _____	A written program of care for the patient that is based on the assessment of individual needs, identifies the role of each service in meeting these needs, and the supportive measures each service will use to complement each other to accomplish the overall goal of care.

Pharmacist	An apothecary or druggist.
Physical therapist	An individual who is licensed by the State and is a graduate of a program in physical therapy approved by the Council on Medical Education of the American Medical Association and the American Physical Therapy Association, or who has the equivalent of such education and training.
Primary diagnosis	Medical description(s) of the main reason(s) for admission to facility.
Proprietary homes	Privately owned nursing homes. This category does not include those homes which are under voluntary nonprofit, Government, and religious auspices.
Region	A large territorial area that is delimited by the Department of Health and Human Services on the basis of geographic, economic, cultural, or a combination of the three categories.
Registered nurse (RN)	A nurse who is usually a graduate of a program in an accredited school of nursing and who is licensed to practice as a registered nurse.
Rehabilitative patient care ---	Equivalent to restorative patient care.
Resident	An individual domiciled in the intermediate care facility for the purpose of receiving specialty care.
Respiratory	Pertaining to the act of function of breathing.
Restorative nursing service ---	That aspect of nursing care oriented toward restoring an individual to his former capabilities.
Skilled nursing facility (SNF) --	Facility certified by the Federal Government to provide a skilled level of care. Facility or nursing home for patients who require skilled nursing and rehabilitation services on a daily basis to help them achieve their optimal level of functioning.
Social worker	An individual who is registered by the State, where applicable, has received at least the baccalaureate degree and has met the requirements of a two-year curriculum in a school of social work that is accredited by the Council on Social Work Education, or who has the equivalent of such education and training.
Stroke	A sudden cerebrovascular accident.
Tranquilizer	An agent which acts on the emotional state, quieting or calming the patient without affecting clarity or consciousness.
Transfer agreement	A written arrangement to provide for reciprocal transfer of patients/residents between health care facilities.

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